



Missouri Division of Alcohol & Drug Abuse (ADA)

SAMHSA Access to Recovery Grant (ATR)

## Credentialing Procedures for Faith-Based Organizations and Nontraditional Service Providers

Access to Recovery (ATR) is a three-year grant awarded to Missouri by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Funding will be administered by the Department of Mental Health's Division of Alcohol and Drug Abuse. All substance abuse assessment, clinical treatment, and recovery support services under this program are to be provided pursuant to a voucher or vouchers given to a client by the State or its designee. Eligible service providers for the voucher program may include public and private, nonprofit, proprietary, as well as faith-based and community organizations, as approved by the State.

### Program Overview

Research has established that there are many paths to recovery from substance abuse or addiction. Some people are able to resolve their problems without outside intervention. Others recover with the support of self-help groups such as Alcoholics Anonymous, the faith community, or other community organizations. Some require clinical treatment interventions along with recovery support services.

ATR has three broad goals:

- To engage faith-based and nontraditional community providers in providing a broader spectrum of treatment services and recovery supports.
- To ensure genuine, free, and independent client choice for substance abuse clinical treatment and recovery support services.
- To improve access and increase capacity for substance abuse treatment and recovery support services.

In order to meet these goals, the Division of Alcohol and Drug Abuse will expand and enhance its existing substance abuse service delivery system by recruiting, training, and enrolling faith-based and nontraditional service providers on a statewide basis to provide an array of recovery support services, or **recovery supports**. The ATR voucher program will be a collaborative effort between the recovery support service providers and the clinical treatment providers.

Recovery supports are often provided by paid staff or volunteers familiar with how their communities can support people seeking lives free of alcohol and drugs, and are sometimes peers of those seeking recovery.

Important things to know about participant rules for Access to Recovery:

- Services under the grant are anticipated to begin April 1, 2005.
- The ATR project is for adults only, ages 17 years and older, unless otherwise noted.
- The federal funding for this grant is allocated to the state on a year-to-year basis. Funding cannot be guaranteed beyond the term of the grant, which is August 1, 2007.
- Faith-based and other community-based organizations that receive federal funds through this grant are subject to basic audit and reporting requirements of the grant. These requirements are necessary in order to ensure that federal dollars have been spent properly on legitimate costs. It is important to keep accurate records of all transactions conducted with federal funds.

## Service Matrix

	<b>Clinical Treatment Services</b>	<b>Recovery Supports</b>
<b>Traditional Substance Abuse Treatment Providers</b>	Clinical treatment services must be provided by agencies that are certified by the Department of Mental Health in accordance with requirements under 9 CSR 30-3.100 through 9 CSR 30-3.199.	Substance abuse treatment providers currently certified by the Division of Alcohol and Drug Abuse are not eligible to provide recovery supports as defined in this document.
<b>Faith-Based Organizations</b>	Faith-based organizations desiring to provide clinical substance abuse treatment must be certified by the Missouri Department of Mental Health in accordance with requirements under 9 CSR 30-3.100 through 9 CSR 30-3.199. <i>Attaining "certified" status does not guarantee receiving a contract to provide ATR clinical treatment services. Funding for treatment expansion is limited and will be competitively bid after January 1, 2005.</i>	Faith-based organizations desiring to provide recovery support services through ATR must be credentialed by Committed Caring Faith Communities (CCFC), an independent statewide 501(c)(3) interfaith corporation. The credential will remain in effect for three years, pending passage of an annual review
<b>Other Nontraditional Providers</b>	Providers (or potential providers) of substance abuse treatment under ATR that are not currently certified or contracted to provide clinical treatment must become certified by the Department of Mental Health in accordance with requirements under 9 CSR 30-3.100 through 9 CSR 30-3.199. <i>Attaining "certified" status does not guarantee receiving a contract to provide ATR clinical treatment services. Funding for treatment expansion is limited and will be competitively bid after January 1, 2005.</i>	Nontraditional service providers desiring to provide recovery support services through ATR must be credentialed by the Department of Mental Health, Division of Alcohol and Drug Abuse. The credential will remain in effect for three years, pending passage of an annual review.

# Requirements for Credentialed Status to Provide ATR Recovery Support Services

## Program Administration and Organization

This section describes the administrative and organizational requirements that faith-based and nontraditional service providers must have in place in order to participate in the ATR program.

1. Produce proof of and maintain documentation of good standing under the requirements of the Office of Secretary of State of Missouri.
2. Maintain a policy and procedure manual that contains, at a minimum, the organization's purpose, philosophy, Articles of Faith, and Entity Creed.
3. A governing body (e.g., a board of directors) that meets according to their bylaws to provide fiscal planning and oversight, ensure quality improvement in service delivery, establish policies to guide administrative operations of the organization, ensure responsiveness to the community and individuals being served, and delegate operational management to a program manager in order to effectively operate its services.
4. Maintain copies of all staff meeting and board meeting minutes and other required documentation to demonstrate full compliance with the ATR credentialing requirements.
5. A written policy to ensure that inherently religious activities, such as religious worship, instruction, or proselytization are separate in time and location from the government-funded services being offered. Participation by recipients in such religious activities must be completely voluntary. This policy will recognize that staff or volunteers may share their personal faith as it relates to the credentialed service, but shall explicitly prohibit membership solicitation.
6. Credentialed key staff or volunteers shall provide supervision of the recovery support services for which the organization is credentialed.
7. A plan of action for continuity of services in the event the organization can no longer perform services due to facility incapacitation or loss of key personnel.
8. A written policy to prevent conflict of interest which states that no employee or volunteer may use his or her official ATR position to secure privileges or advantages of any client.
9. The organization shall maintain a work and/or service environment that is free from sexual harassment and intimidation.
10. The organization shall not subcontract services it is credentialed to provide under the ATR program unless a previous agreement has been arranged with the Division of Alcohol and Drug Abuse.
11. The organization must conduct a client satisfaction evaluation as required by the Center for Substance Abuse Treatment.
12. The organization shall adhere to the "Guidance to Faith-Based and Community Organizations on Partnering with the Federal Government" document.
13. The organization must provide proof of professional liability and property insurance. Organizations that provide transportation for clients must also present proof of a chauffeur's or CDL license (more than 15 passengers) and proper auto insurance. *This is recommended as a best practice. If organizations choose not to purchase professional liability insurance, they must sign a statement indicating they will accept responsibility for any claims made against them related to the ATR program.*

## Personnel

1. The organization shall ensure that staff possesses the training, experience, and credentials to effectively perform their assigned services and duties related to the ATR program. Key personnel and volunteers assigned to the organization's ATR program must successfully complete the Addictions Academy, a 32-hour substance abuse course designed for clergy, lay leaders, congregation members, and other community volunteers. (Graduates of the 2002, 2003, and 2004 Addiction Academies will not be required to retake the entire course but the ATR program administrator must complete the ATR component of the Academy).
2. Key personnel and volunteers will be required to participate in training on how to use the ATR management information system, how to become a provider for the Division of Alcohol and Drug Abuse, and suicide prevention training. They are also encouraged to participate in the annual Spring Training Institute sponsored by the Department of Mental Health for its service providers.
3. The organization shall conduct an orientation for all new staff and/or volunteers within the first ten days of employment. Orientation must include, but is not limited to, components of the ATR program and policies and procedures of the organization.
4. The organization shall conduct at least three (3) hours of annual refresher training for all ATR staff and volunteers about the policies, procedures, and services of the agency.
5. Credentialed staff and volunteers shall participate in at least three (3) clock hours of relevant training during a one-year period. Annual refresher training provided by the organization does not fulfill this requirement. The organization shall maintain a record of participation in training and staff development activities.
6. The organization shall conduct a complete Caregiver Background Check for all staff and volunteers who have contact with ATR clients, including the Missouri State Highway Patrol, Department of Social Services, Department of Health and Senior Services, and Department of Mental Health.
7. The organization shall maintain complete, confidential, and current personnel records for each staff or volunteer assigned to the ATR program.
8. The organization shall establish and maintain a written standard of conduct for all staff and/or volunteers.
9. The organization shall maintain a staffing pattern that guarantees full delivery of credentialed services.
10. The organization shall not permit an employee or volunteer to enter into a business relationship with an ATR client or ATR client's family (e.g., selling, buying, or trading personal property) or employ them while the ATR client is receiving credentialed services.
11. The organization's employees and/or volunteers shall not engage in any conduct which is criminal in nature or that would bring discredit upon the contractor, CCFC, or State of Missouri. The organization shall ensure the conduct of all ATR credentialed employees and/or volunteers are above reproach or the appearance of misconduct.
12. The organization shall ensure that each employee or volunteer is legally eligible to work and reside in the United States.

## Physical Plant and Safety

1. All individuals shall be served in a safe facility.
2. All buildings used for ATR program activities must provide proof of compliance with the Life Safety Code of the National Fire Protection Association and local/state codes.
3. The organization shall maintain documentation of all inspections and correction of all cited deficiencies to assure compliance with applicable state and local fire safety and health requirements.
4. A currently credentialed organization that relocates any program into a new physical facility shall ensure that the new facility complies with these requirements in order to maintain credentialed status. Any additions or expansions to existing physical facilities must also meet these requirements. Relocation or additions to existing facilities must be approved by the credentialing body (CCFC or the Division of ADA) prior to the delivery of ATR services.
5. The organization shall provide proof of occupancy and zoning permits.

## Fiscal Accountability

1. The organization shall operate according to an annual written budget of anticipated revenues and expenditures that is approved in a timely manner by the governing body. Fiscal reports should be prepared at least annually and shared with the governing body and show a comparison of the budget to actual expenditures.
2. The organization shall have fiscal management policies, procedures, and practices consistent with generally accepted accounting principles and, as applicable, state and federal law, regulation, or funding requirements.
3. The organization shall utilize financial activity measures to monitor and ensure its ability to pay current liabilities and to maintain adequate cash flow.
4. Fiscal records shall be retained for at least five years or until any litigation or adverse audit findings, or both, are resolved.

## Documentation

1. The organization has an organized record system for each client that receives recovery support services.
2. Client records shall be maintained in a manner which ensures confidentiality and security. The organization shall abide by all local, state, and federal laws and regulations concerning the confidentiality of records.
3. If records are maintained on computer systems, there must be a backup system to safeguard records in the event of operator or equipment failure and to ensure security from inadvertent or unauthorized access.
4. The organization shall retain individual records for at least five (5) years or until all litigation, adverse audit findings, or both, are resolved.
5. The organization shall assure ready access to the records by authorized staff and other authorized parties including Department of Mental Health staff.

6. All entries in the individual record shall be legible, clear, complete, accurate, and recorded in a timely fashion. Any errors shall be marked through with a single line, initialed and dated. Documentation shall be made with indelible ink or print.
7. All recovery support services shall, at a minimum, include the following documentation:

Title of the service provided;  
 Brief description of the service provided;  
 The date and actual time (beginning and ending times) the service was rendered;  
 Name and title of the person who rendered the service.

The following individual recovery support services shall be documented with a case note in the client record:

Care Coordination  
 Family Engagement  
 Pastoral Counseling  
 Recovery Support –Individual  
 Work Preparation

Documentation of other recovery support services may be maintained in group program records.

## Data Collection and Reporting

1. All faith-based and community-based organizations that participate in the ATR program must comply with reporting requirements of the grant and have in place the computer technology to access the Department of Mental Health's web-based reporting system.
2. Workstation requirements include:

Category	Required
Operating System Version	<i>Windows XP Pro</i>
Computer Processor	450Mhz or higher
Memory	256MB or higher
Browser Version	Internet Explorer 6.0 or higher, with current service packs.
Virus Protection	Required. Virus definitions must be kept current.
Monitor	Capable screen resolution of 1024 x 768
Printer	Required for printing reports
E-mail	Internet e-mail address
Bandwidth	Fastest network connection available and economical to you. Recommend DSL or cable modem.

**The Department of Mental Health's Customer Support Center will provide support only for users of workstations that have passed the DMH Workstation Certification and satisfy all requirements listed above.**

3. Organizations that manage their own data collection and reporting shall have staff trained on the system prior to program implementation.

## Rights, Responsibilities, and Grievances

1. The organization shall demonstrate through its policies, procedures, and practices an ongoing commitment to the rights, dignity, and respect of the individuals it serves.
2. Each client shall be informed and oriented as to what will happen as recovery support services are provided. Information shall include applicable program rules, participation requirements or other expectations.
3. The organization shall have in place an internal procedure for handling client complaints and grievances in an expedient manner.
4. Each client shall be given the name, address, and phone number of the Division of Alcohol and Drug Abuse District Administrator in their area and informed that they may be contacted directly regarding a complaint of abuse, neglect, or violation of rights.

## Report of Complaints of Abuse, Neglect, and Misuse of Funds/Property

1. Any employee or volunteer who has reasonable cause to believe that a client has been subjected to physical abuse, sexual abuse, misuse of funds/property, class I neglect, class II neglect, or verbal abuse while under the care of a recovery support program shall immediately make a verbal or written complaint to the organization's ATR Administrator.
2. The organization shall immediately report any complaints of abuse, neglect, and misuse of funds or property in a recovery support program that is credentialed by the Department of Mental Health, Division of Alcohol and Drug Abuse or Committed Caring Faith Communities and funded by the ATR program. Complaints should be reported to the appropriate Division of Alcohol and Drug Abuse District Administrator within one business day of the alleged incident.
3. The organization shall follow State regulations for reporting incidents of child abuse and/or neglect.
4. Failure to report shall be cause for disciplinary action, criminal prosecution, or both.

## Client Confidentiality/HIPAA

1. All faith-based and community-based organizations that provide recovery support services to ATR clients shall follow the federal confidentiality regulations (42 CFR Part 2) related to the release of alcohol and drug abuse records.
2. All organizations that have been determined to be a covered entity as defined by HIPAA shall adhere to the policies and procedures that the HIPAA privacy rule requires for each covered entity.

## RECOVERY SUPPORT SERVICES – ACCESS TO RECOVERY

PROVIDED BY FAITH-BASED or NONTRADITIONAL SERVICE PROVIDERS: Client Level			
Service	Following Assessment	During Intensive Treatment (Level 1-2)	During Extended Treatment (Level 3)
1. Care Coordination	★	★	★
2. Child Care		★	★
3. Drop-In Center	★		★
4. Emergency/Temporary Housing	★	★	★
5. Family Engagement	★		
6. Pastoral Counseling	★	★	★
7. Recovery Support – Individual		★	★
8. Recovery Support – Group			★
9. Spiritual Life Skills		★	★
10. Transportation	★	★	★
11. Work Preparation			★

### Recovery Support Limit:

Authorization per client: **\$400**

Recovery support vouchers will be generated by the clinical treatment agency, based upon the client's informed choice of provider. In the event the client will be receiving services from multiple providers of recovery supports, separate vouchers will be issued for each service. The amount of service the client is authorized to receive will be identified on the recovery support voucher. Additional recovery supports may be requested through the Division of Alcohol and Drug Abuse Clinical Review Unit. Prior to requesting additional recovery supports, staff of the recovery support agency and the clinical treatment agency should jointly make a determination as to the level of additional services needed, based on the client's progress in treatment. The request for additional recovery support services will be submitted to the Division of Alcohol and Drug Abuse by the clinical treatment provider.

*The voucher represents a commitment on the part of the State of Missouri, Division of Alcohol and Drug Abuse, to pay for services while funding is available and the client remains eligible. If at any point in the fiscal year funds are exhausted, all subsidies end for that year without regard to the existence of vouchers that have not expired.*



## RECOVERY SUPPORT SERVICE DEFINITIONS– ACCESS TO RECOVERY

39RS11	1. Care Coordination	<i>Unit of Service:</i> ¼ Hour	<i>Firm, Fixed Price:</i> \$2.50
	Helping individuals engaged in clinical treatment access the network of services and other community resources available to them in order to facilitate retention in treatment and sustained recovery. This may include procurement of psychiatric or other medications through charitable programs, assistance in finding and securing permanent housing, and developing an informal support system. Regular contact with the client's clinical treatment provider in order to evaluate client progress is required. Services are to be provided by a graduate of the Addictions Academy.		
39RS12	2. Child Care	<i>Unit of Service:</i> 1 hour	<i>Firm, Fixed Price:</i> \$3.85
	Licensed (or license waived) child care while client (parent/guardian) is participating in clinical treatment or recovery support services.		
39RS13	3. Drop-In Center	<i>Unit of Service:</i> 1 Day	<i>Firm, Fixed Price:</i> \$5.00
	Facility that offers personal recovery planning, educational sessions, social and recreational activities, recovery support sessions, and assistance in obtaining health, social, vocational and other community services. Normally hosts twelve-step meetings throughout the week. Organization staff must complete the Addictions Academy.		
39RS14	4. Emergency/Temporary Housing	<i>Unit of Service:</i> 1 Day	<i>Firm, Fixed Price:</i> \$25.00
	Housing that meets local occupancy/safety requirements and has 24-hour staff coverage. <b>Client must be engaged in treatment.</b> Length of stay in emergency/temporary housing will be limited and is intended for clients in a crisis situation until more stable housing can be secured.		
39RS1J	5. Family Engagement	<i>Unit of Service:</i> ¼ hour	<i>Firm, Fixed Price:</i> \$6.25
	Family Engagement is a service that helps to engage the client's family in treatment and enhance their understanding of the treatment and recovery process in order to assist the primary client in working toward treatment goals. Family engagement should provide the structure to support stabilization in the family and to assist the entire family in making changes that support the recovery of the client and all members of the family. Family Engagement services are provided by a qualified substance abuse professional or duly ordained minister or their equivalent such as a rabbi or imam who is also a graduate of the Addictions Academy.		
39RS2J	6. Pastoral Counseling	<i>Unit of Service:</i> ¼	<i>Firm, Fixed Price:</i> \$6.25
	Pastoral Counseling incorporates faith in the substance abuse recovery process. This may include, but is not limited to, assisting clients and their family members in various crises as a result of substance abuse. Pastoral counseling is delivered by a duly ordained minister or their equivalent such as a rabbi or imam who is also a graduate of the Addictions Academy.		
39RS15	7. Recovery Support-Individual	<i>Unit of Service:</i> ¼ Hour	<i>Firm, Fixed Price:</i> \$2.50
	Face-to-face interaction between an experienced recovery support person and an individual who is engaged in clinical treatment. Recovery support is intended to help clients remain engaged in treatment and identify and shift their destructive patterns that may lead to relapse. The provider must be recognized by the agency's governing authority as being qualified to provide this service. The service provider must also be a graduate of the Addictions Academy.		
39RS16	8. Recovery Support-Group	<i>Unit of Service:</i> ¼ Hour	<i>Firm, Fixed Price:</i> \$1.25
	Group facilitator and at least two persons who are engaged in clinical treatment. The purpose of the group is to provide support for individuals in recovery by offering mutual encouragement and becoming connected with others who share similar experiences. The facilitator must be a qualified substance abuse professional, associate counselor, or graduate of the Addictions Academy.		
39RS17	9. Spiritual Life Skills (Individual or Group)	<i>Unit of Service:</i> 1 hour	<i>Firm, Fixed Price:</i> \$5.00
	Helping an individual or group of at least two persons to develop spiritually which might include, but is not limited to, establishing or reestablishing a relationship with a higher power, acquiring skills needed to cope with life changing incidents, adopting positive values or principles, identifying a sense of purpose and mission for one's life, and achieving serenity and peace of mind. Responsible decision-making, social engagement and family responsibility may also be addressed. Spiritual Enrichment is to be provided by an individual who is recognized by the agency's governing authority as being trained and qualified to provide this service or a graduate of the Addictions Academy.		

**RECOVERY SUPPORT SERVICE DEFINITIONS– ACCESS TO RECOVERY**

<b>39RS0W</b>	<b>10. Transportation</b> Cost may vary by region and will be considered on a case by case basis.	<i>Unit of Service:</i> <i>(Per Trip)</i>	<i>Firm, Fixed Price:</i> <i>(By proposal)</i>
	Transportation is to and from treatment or recovery support services. Organizations that provide transportation for ATR clients must present proof of a chauffeur's or CDL license (more than 15 passengers) and proper auto insurance.		
<b>39RS18</b>	<b>11. Work Preparation</b>	<i>Unit of Service:</i> <b>¼ Hour</b>	<i>Firm, Fixed Price:</i> <b>\$2.50</b>
	Assisting an individual in finding or maintaining employment during the course of treatment. This may include, but is not limited to, developing a resume, arranging job interviews, work skills development, and on-the-job training. Services are to be provided by a graduate of the Addictions Academy.		

## Application Procedures

1. Open enrollment will be held for faith-based organizations and nontraditional service providers that are interested in participating in the Access to Recovery program as a provider of recovery support services. Open enrollment will be conducted in accordance with the State of Missouri, Office of Administration, Division of Purchasing, policies and procedures.
2. Open enrollment will begin after **January 1, 2005**. Committed Caring Faith Communities will disseminate additional details about the open enrollment period. Information will also be posted on the Division of Alcohol and Drug Abuse website at <http://www.dmh.mo.gov/ada>.
3. Application packets can be obtained by contacting:
  - Committed Caring Faith Communities, (314) 951-1033
  - The Division of Alcohol and Drug Abuse, (573) 751-4942 (please reference the ATR Project)
  - The Division of Alcohol and Drug Abuse website at <http://www.dmh.mo.gov/ada> (Access to Recovery Project)
4. An applicant can withdraw its application at any time during the credentialing process.
5. Organizations may apply to provide all of the recovery support services included in the service package or specific components. Exceptions to participation in the Addictions Academy may be granted for entities that apply to provide material services only, such as transportation.
6. All applications will be reviewed by staff of Committed Caring Faith Communities and the Division of Alcohol and Drug Abuse and will be rated as follows:
  - a. Credentialed
  - b. Provisional, pending on-site survey, submission of required documentation, or completion of Addictions Academy
  - c. Technical assistance needed
  - d. Ineligible
7. Organizations will be notified of their status within 30 days of receipt of application.
8. The Division of Alcohol and Drug Abuse and Committed Caring Faith Communities reserves the right to conduct a site survey at an organization to assure compliance with standards of care and other requirements. The credentialing body (the Division and/or CCFC) shall determine which standards and requirements are applicable based on the application submitted and the on-site visit.
9. The Division and/or CCFC, at its option, may visit the organization's program site(s) solely for the purpose of clarifying information contained in the application and its description of programs and services, and/or determining those programs and services eligible for credentialed status.
10. The applicant agrees, by act of submitting an application, to allow and assist Division and/or CCFC representatives in fully and freely conducting these on-site survey procedures and to provide representatives reasonable and immediate access to premises, individuals, and requested information.

11. The Division and/or CCFC may conduct a scheduled or unscheduled site survey of an organization at any time to monitor ongoing compliance with these requirements.
12. Credentialed status will be awarded for a three-year period to an organization that is found to meet all criteria relating to quality of care and safety, health, and welfare of persons served in the ATR program.
13. An annual follow-up review will be conducted with all credentialed providers to ensure continued compliance. This review may include a site visit or telephone conference call.
14. A contract will be issued to all credentialed providers and providers will be required to adhere to the terms and conditions of this contract. Any changes in the scope of work will require prior approval from the Division of Alcohol and Drug Abuse and Committed Caring Faith Communities.
15. All recovery support providers will be required to submit progress reports twice per year to their credentialing body (CCFC or Division of Alcohol and Drug Abuse) that indicates the number of clients served, success rates, problems, or other pertinent information related to the program.

## Terms and Definitions

Unless the context clearly indicates otherwise, the following terms used in reference to the Access to Recovery project shall mean:

1. **Assessment** – systematically collecting information regarding the individual's current situation, symptoms, status and background, and developing a treatment plan that identifies appropriate service delivery.
2. **CAGE-AID Screening** – four-question screening instrument that has been designed to identify individuals who have or are at risk for developing alcohol- or drug-related problems and need assessment to diagnose their substance use disorders and develop plans to treat them.
3. **Charitable Choice** – the general term for several laws that were enacted during the period 1996-2000. These laws are designed to give people in need choices among charities offering them services and apply to projects funded by four Federal agencies including the Substance Abuse and Mental Health Services Administration. These laws clarify the rights and responsibilities of faith-based organizations that receive Federal funds.
4. **CIMOR** – Customer Information Management, Outcomes, and Reporting System; under development by the Department of Mental Health to replace current information systems and will allow better access to data with meaningful and accurate reports; anticipated implementation is July 1, 2005.
5. **Clergy and other Pastoral Ministers** – a citizen of the United States and in good standing and duly recognized as an ordained minister or equivalent, such as a rabbi or imam, with any church, mosque, or synagogue in the State of Missouri.
6. **Client** – this term may be used interchangeably with individual (see definition of individual).
7. **Community-based organization** – an agency or organization that is incorporated and in good standing under the requirements of the Office of Secretary of State of Missouri and is providing services that are part of the ATR program.
8. **Congregation** – local, specific religious institution; a particular church, synagogue, temple, or mosque whether or not there is a specific, permanent physical edifice associated with the institution.
9. **Crisis** – an event or time period for an individual characterized by substantial increase in symptoms, legal or medical problems, and/or loss of housing or employment or personal supports.

10. **CTRAC** – Client Tracking, Registration, Admission, and Commitment system; the Department of Mental Health’s information system that provides a single set of comprehensive client demographics and diagnostic classification information on all DMH clients.
11. **Discharge** – the time when an individual’s active involvement with the primary program concludes in accordance with treatment plan goals, and/or program rules; conclusion of billable service units. Primary programs, for purposes of the ATR grant, are clinical treatment providers. Recovery support providers cannot discharge clients from treatment.
12. **Drop-In Center** – facility that offers personal recovery planning, educational sessions, social and recreational activities, recovery support sessions, and/or assistance in obtaining health, social, vocational, and other community services. Normally hosts twelve-step meetings throughout the week.
13. **Faith-based organization** – entity having a distinct legal existence that is organized and operated exclusively for religious or other charitable purposes.
14. **Family/family members** – persons who comprise a household or are otherwise related by marriage or ancestry and are being affected by the substance abuse problems or another member of the household or family.
15. **House of Worship** – place of worship such as a church, mosque, synagogue, or temple.
16. **Individual** – a person/consumer/client receiving services from a program.
17. **Individual choice** – for purposes of this grant program, individual choice is defined as a client being able to select from at least two agencies qualified to provide the necessary services, with at least one to which the client has no religious objection.
18. **Nontraditional service provider** – secular organization whose primary focus is not to provide traditional clinical substance abuse treatment; rather, the organization offers an array of recovery support services.
19. **Outcome** – a specific measurable result of services provided to an individual or identified target population.
20. **Pastoral care** – the religious or spiritual care of individuals.
21. **Pastoral counseling** – individual or family work related to treatment and recovery delivered by clergy who are licensed or degreed by an accredited institution of higher learning, credentialed by CCFC, and a graduate of the Addictions Academy.
22. **Peer support** – mutual assistance in promoting recovery offered by other persons who have experienced similar substance abuse challenges.
23. **Program** – an array of services designed to achieve specific goals for an identified target population in accordance with designated procedures and practices.
24. **Qualified Substance Abuse Professional (QSAP)** – a person who demonstrates substantial knowledge and skill regarding substance abuse by being either: 1) a counselor, psychologist, social worker or physician licensed in Missouri who has at least one (1) year of full time experience in the treatment or rehabilitation of substance abuse; 2) a graduate of an accredited college or university with a master’s degree in social work, counseling, psychology, psychiatric nursing, or closely related field, who has at least two (2) years of full time experience in the treatment or rehabilitation of substance abuse; 3) a graduate of an accredited college or university with a bachelor’s degree in social work, counseling, psychology, or closely related field, who has at least (3) years of full time experience in the treatment or rehabilitation of substance abuse; or, 4) an alcohol, drug, or substance abuse counselor certified by the Missouri Substance Abuse Counselors Certification Board, Inc.
25. **Recovery** – continuing steps toward a positive state of health that includes stabilized symptoms of substance abuse, meaningful and productive relationships and roles within the community, and

a sense of personal well-being, independence, choice, and responsibility to the fullest extent possible.

26. **Recovery supports** – an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment, improved functioning, or recovery.
27. **Recovery support group** – group facilitator and at least two persons who are engaged in clinical treatment.
28. **Reimbursement** – payment for services rendered upon providing required documentation to payor.
29. **Relapse** – recurrence of substance abuse in an individual who has previously achieved and maintained abstinence for a significant period of time beyond detoxification.
30. **Reuse** – any use of a substance after a prolonged period of abstinence.
31. **Relapse prevention service** – assisting individuals to identify and anticipate high risk situations for substance use, develop action steps to avoid or manage high risk situations, and maintain recovery.
32. **Spiritual** – the quality of any activity which drives the human being forward towards some form of development -- physical, emotional, intuitional, social -- in advance of his present state.
33. **Staff member** – an employee or volunteer who is credentialed to provide ATR services.
34. **Substance** – alcohol or other drugs, or both.
35. **Substance abuse** – a broad term referring to alcohol or other drug abuse or dependency in accordance with criteria established in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
36. **Traditional treatment provider** – Department of Mental Health certified organization whose primary mission is to provide clinical treatment services.
37. **Voucher** – provided to eligible clients to pay for assessment and other clinical treatment and recovery support services from a broad network of eligible providers. Vouchers can be time-limited and are issued based on availability of ATR grant funds.